RECEIVED
DEC 08 2023
SD Secretary of State

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: Northwest Blade		2. DATE: 09/20/2023
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE: $47 incounty; 52 out
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): PO Box 797, Eureka, SD 57437		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): PO Box 514, Bowdle, SD 57428		
6. FULL NAME OF PUBLISHER: Pride Publications		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME: Tara Beitelspacher	COMPLETE MAILING ADDRESS: PO Box 514, Bowdle, SD 57437	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. None		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	821	800
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	62	55
2. Mail Subscription (Paid and or requested)	625	614
3. Paid Electronic Copies	0	0
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	687	669
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	25	25
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	712	694
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	70	68
2. Return from News Agents	39	38
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	821	800

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Kaitlin Huber
(Signature)

Office Manager
(Title)

State of South Dakota)
§
County of ~~McPherson~~)

Sworn to before me this 20th day of September, 2023

Kathryn Aman
Notary Public

SEAL KATHRYN AMAN (Seal) NOTARY PUBLIC State of South Dakota SEAL

My commission expires: 4-4-2024

Form: SOS REC 051 9/2016